

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>7/6/05</u>		2 Serial/Patent # <u>10/027,502</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/> Filing			\$								
<input type="checkbox"/> Amendment			\$								
<input checked="" type="checkbox"/> Extension of Time	9	1/21/05	\$ 1,020.00								
<input type="checkbox"/> Notice of Appeal/Appeal			\$								
<input type="checkbox"/> Petition			\$								
<input type="checkbox"/> Issue			\$								
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/> Maintenance			\$								
<input type="checkbox"/> Assignment			\$								
<input type="checkbox"/> Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 1,020.00							
		8 TO BE REFUNDED BY:									
		<input checked="" type="checkbox"/> Treasury Check									
		<input type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">6</td> </tr> </table>			1	3	--	2	1	6	6
1	3	--	2	1	6	6					
10 REASON:											
<input type="checkbox"/> Overpayment											
<input type="checkbox"/> Duplicate Payment											
<input checked="" type="checkbox"/> No Fee Due (Explanation):	<u>Can't buy EOT once app is beyond extendable period for reply</u>										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E. Shirene Willes</u>		TITLE: <u>Pat Atty</u>									
SIGNATURE: <u>E. Shirene Willes</u>		PHONE: <u>272-3230</u>									
OFFICE: <u>Office of Patents</u>											

THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: <u>[Signature]</u>		DATE: <u>7/8/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**